5/6/10 POC accepted B. Cavanagh HFS II

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS1214SNF	A. BUILDING _____ B. WING _____	C 04/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VEGAS VALLEY REHABILITATION HOSPITAL	2945 CASA VEGAS STREET LAS VEGAS, NV 89109

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 4/9/10 and finalized on 4/13/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024358 was substantiated without deficiencies. Complaint #NV00024869 was substantiated without deficiencies. Complaint #NV00024944 was substantiated with a deficiency cited. (See Tag Z474) Complaint #NV00024411 was substantiated with s deficiency cited. (See Tag Z474) Complaint #NV00024994 was substantiated with deficiencies cited. (See Tags Z230 and Z473) Complaint #NV00024745 was substantiated with a deficiency cited. (See Tag Z474) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	Z 000	This plan of correction is prepared and executed because it is required by the provisions of the sate and federal regulations, and not because Vegas Valley agrees with the allegations and citations listed on the statement of deficiencies. Vegas Valley maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Vegas Valley's written credible allegation of compliance. By submitting this plan of correction, Vegas Valley does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Vegas Valley reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action, or proceeding. RECEIVED APR 3 0 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Karen Nemenfeldt RN — Director of Nursing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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Z230	Continued From page 1	Z230	**Z230 Standards of Care**	
Z230 SS=D	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow physician fall precaution orders, the comprehensive plan of care, and the facility's fall precaution policy and procedure by failing to consistently provide a bed Tab alarm for 1 of 7 residents with a history of falls, altered mental status, and dementia (Resident #6). Severity: 2 Scope: 1 Complaint #NV00024994	Z230	The facility will follow physician fall precautions on all patients. The identified resident is no longer residing in the facility. A 100% audit of all tab alarms has been completed for compliance. Auditing will continue through observation during rounds. Nursing staff have been re-educated on tab alarm policy and procedure. Care plans have been updated for tab alarm and will be monitored through the Quality of Care meeting. Results of the audits will be tracked and trended for review at the Performance Improvement meeting. Responsible Person: Director of Nursing AOC Date: 4/30/2010	
Z473 SS=D	NAC 449.74539 Physical Environment 4. Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents; This Regulation is not met as evidenced by: Based on observation, record review and document review, the facility failed to ensure a bed Tab alarm was provided for 1 of 7 residents with a history of falls, altered mental status, and dementia in accordance with a physician order to prevent falls. (Resident #6)	Z473	**Z473 Physical Environment** The facility will follow physician fall precautions on all patients. The identified resident is no longer residing in the facility. A 100% audit of all tab alarms has been completed for compliance.	

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Z473	Continued From page 2 Severity: 2 Scope: 1 Complaint #NV00024994	Z473	Auditing will continue through observation during rounds. Nursing staff have been re-educated on tab alarm policy and procedure. Care plans have been updated for tab alarm and will be monitored through the Quality of Care meeting.	
Z474 SS=E	NAC 449.74539 Physical Environment 5. Provide such housekeeping and maintenance services as are necessary to maintain a sanitary, orderly and comfortable environment; This Regulation is not met as evidenced by: Based on observation, interview and housekeeping policy and procedure review, the facility failed to provide adequate housekeeping services necessary to maintain a sanitary comfortable environment in resident rooms and bathrooms and the facility's shower rooms. 1. Room 109: Dirty latex gloves were lying on the floor of the room just inside the doorway. 2. Room 208: Tissue paper was tied to a call light cord. Ground in brown dirt was visible around the baseboards around the entrance to the bathroom. Corrosion was visible around the faucets on the sink. Paint was peeling on the bathroom walls under the sink. 3. Room 222: Trash and used alcohol wipes were located on the floor. A urinal was on the floor. Bowel movement was in the toilet/not flushed. Paint was peeling off the bathroom wall under the sink and the caulking around the sink was cracking. Ground in brown dirt was visible in the door jam entrance to the bathroom. 4. Shower Room #3: The floor was filthy with ground in brown dirt. The shower head was tucked into the railing and there was no shower head holder present. The cover to the thermostat	Z474	Results of the audits will be tracked and trended for review at the Performance Improvement meeting. Responsible Person: Director of Nursing AOC Date: 4/30/2010 **Z474 Physical Environment** Patient rooms and bathrooms and main shower room were cleaned by housekeeping staff and inspected by Housekeeping Supervisor and Administrator on 4/23/10. Tissue was removed from call light cord on 4/9/10. Corroded faucet was replaced on 4/28/10. Tile, walls and caulking were cleaned on 4/28/10. Shower head hooks have been in place since 4/9/10. The thermostat was repaired on 4/9/10. Housekeeping Supervisor educated housekeepers on cleaning expectations. Cleaning Schedule and Rounds Checklist have been created. Audit tool has been created and will be used to inspect for cleanliness and sanitation. Housekeeping Supervisor and Administrator will conduct rounds five times per week, for two weeks, and once per week for one month.	

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Z474	Continued From page 3 was missing and the tile by the door to the shower room was cracked and peeling. 5. Shower Rooms #1 and #2: The shower heads in both shower rooms were dangling and there was no shower head holder present. Severity: 2 Scope: 2 Complaints #NV00024944, #NV00024745, and #NV00024411	Z474	On-going random audits will continue. Results of the random audits will be tracked, trended, and presented at the monthly performance improvement meeting, for review. Responsible Staff: Administrator, Housekeeping Supervisor, and Maintenance Director AOC Date: 4/30/10	